

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-A

Page 7a

The previous fiscal year, referenced in paragraph B.2. and B.3., means the hospital's fiscal year that ended in the fiscal year of the state prior to the year for which disproportionate share is being paid (e.g., for State Fiscal Year 1996 (July 1, 1995 - June 30, 1996), data would be used from hospital fiscal year ends of July 1, 1994 through June 30, 1995).

IX. MEDICARE CROSSOVER CLAIMS

Payment of crossover claims will be as follows:

- A. The lower of the Medicare deductible amount or the difference between the Medicare payment and Medicaid prospective payment for that service.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-A
Page 8

X. HOSPITALS OUT OF STATE

Elective out-of-state admissions require prior authorization by Nevada Medicaid's Peer Review Organization, which must verify medical services required by Medicaid-eligible or pending-eligible clients are not available in Nevada. The out-of-state payment rate for inpatient care is based on one of the following criteria, whether emergency or elective in nature.

- A. For California hospitals, the following rates will be paid:
 - 1. If the hospital has no signed contract with the State of California to provide Medi-Cal services, the California interim reimbursement Medi-Cal rate.
 - 2. If the hospital has a signed contract with the State of California to provide Medi-Cal services, the Medi-Cal contract rate is paid. If the contract rate is not made available to Nevada Medicaid, the California interim Medi-Cal rate is paid.
- B. For Utah hospitals the payment rate is 70 percent of billed charges.
- C. For all other states' hospitals, the payment rate will be either the Nevada Medicaid prospective rate or the Medicaid rate for the state in which the hospital is located, but not more than billed charges. To receive the Medicaid rate for the state in which the hospital is located, the hospital must attach documentation to the UB-92 billing claim, produced and generated by that state's Medicaid program, verifying the state's payment rate to that hospital.
- D. All other states' freestanding psychiatric/substance abuse hospitals are reimbursed 70 percent of billed charges.
- E. For Medicare crossover claims, the payment will be the lower of the Medicare deductible amount or the difference between the Medicare payment and the Nevada Medicaid prospective payment for that service.
- F. Nevada Medicaid may negotiate a rate only if an out-of-state hospital refuses to accept the rate methodology as outlined in sections A through E, and meets the following criteria:
 - 1. The Nevada Medicaid-eligible or pending-eligible client requires medical services which, if not provided within 30 days, could result in very severe pain, loss of life or limb, loss of eyesight or hearing, injury to self, or bodily harm to others, and
 - 2. The Medicaid client's or pending-eligible client's specific surgery or medical procedure is provided only in a limited number of out-of-state hospitals, and, in Nevada Medicaid's judgement, the hospital most cost-effective will be the hospital Medicaid authorizes to provide the service.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-A
Page 9

XI. ANNUAL RATE ADJUSTMENTS

Each July 1 and January 1 the rates will be adjusted by the Medicare inflation factor for non-PPS hospitals or by recalculating the rates using the most current cost reports and CRS reports and following the steps given in Sections II - IV above. Effective January 1, 1989, the Health Care Financing Administration's hospital market basket index will be used.

XII. MONITORING FUTURE RATES

Nevada Medicaid monitors cost and utilization experience of all hospitals by evaluation of the cost reports filed each year. Payments are examined closely. Should modification of any elements or procedures such as creation or deletion of a rate or group appear necessary, this State Plan Attachment will be amended.

XIII. ADVANCES

Upon request, each hospital may receive each month an advance payment that represents expected monthly Medicaid reimbursement to that facility. Each advance is offset by claims processed during the month. Month-end +/- discrepancies automatically adjust the advance issued the following month.

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REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL 638 HEALTH FACILITIES

Effective January 1, 2000 Nevada Medicaid will reimburse Indian Health Services facilities and Tribal 638 facilities in accordance with the most recent published Federal Register notice.

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